STANDARD CERTIFICATE OF DEATH  State File No. 16262  BERTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 442 YRegistrar's No. 68		HLED JUN 1	1955	THE DIVISION OF HE						
BERTH NO. 28 2 PRIMARY REG. DIST. NO. 4 Springer or No. 4 Springer	No.300		1000	STANDARD CERTIF	ICATE OF DEATH	State File No	16262			
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D. CITY (If enlote extracted lines, write RURAL and even processed on the Company of the Company	244		н	<del> </del>			titution: residence before			
OCH STREET OF THE ADDRESS OF THE STREET OF THE STREET COUNTY (SAME OF HEAD OF THE STREET OF THE STREET COUNTY) (STATE)  3. NAME OF LIFE OF THE STREET OF THE STREET COUNTY (STATE) (ST	001	a. COUNTY	lk	·	a. SIAIE Missa	uce B. COUNTY	'			
TOWN  1. OF THE THE CONTROL OF THE STATE OF		b. CiTY (II outside corp.	rrate limits, write RU	JRAL and give c. LENGTH OF	OR A	limits, write RURAL and give town	ahir			
Type or Print    5. SEX DIS. COLOR OR RACE   MARRIED NOVER MARRIED   S. DATE OF BIRTH   S. AGE (its years of event a real mode of my might be shared the shared between the wind of the shared the shared the shared between the shared the shared between the shared th		TOWN Dun	cantel		Jun Gural	- Cast Spee	Susell			
Company   Comp	COR	ا HOSPITAL OR	<b>*</b> .	7	d. STREET ADDRESS	ural, give logisjon)	74 2/ 1 H			
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5. SEX 106. COLOR OR RACE 1. MARRIED. NEVER MARRIED	]	(Type or Print)	LEON	$\mathcal{A}$	Lexander	- DEATH	5-55			
13a. FATHER'S NAME   13b. MOTHER'S MADOR NAME   13b. CAUSE OF DEATH   15b. CAUSE OF	E E	5, SEX ) 6. Co	OLOR OR RACE	7. MARRIED, NEVER MARRIED,			I YEAR   IF UNDER 11 KES.			
13a. FAPLES S NAME   13b. MOTHER'S MADDIN NAME   13b. MO	Z	male u	rtile	marrie )	3-28-19	07 47				
13a. FAPLES S NAME   13b. MOTHER'S MADDIN NAME   13b. MO	ZX.	10a. USUAL OCCUPATION	(Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City and	State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY			
13a. FAPLES S NAME   13b. MOTHER'S MADDIN NAME   13b. MO	題			Dun Farm	Teffin )	no.	U.S.Q.			
S. WAS DECASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   18. CAUSE OF DEATH   19. DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH' (a)   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH   DUE TO (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO COUNTY   DISEASE OR CONDITION   DISEASE OR COUNTY   DISEASE OR COUNTY   DISEA	1	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIF				
18. CAUSE OF DEATH Enter only one enuspra  In LOSEASE OR CONDITION DIRECTLY LEADING TO DEATH* (e)  *This does not mean the mode of string, such and (e)  *This does not mean the mode of string, such and (e)  *This does not mean the mode of string, such and (e)  *This does not mean the mode of string, such and (e)  *ANTECEDENT CAUSES  **Anothic conditions, if any, giving DUE TO (b)  **Antecedent Causes  **Anothic conditions, if any, giving DUE TO (c)  **In means the disc.  **In means the disc to the obsect course (a) stating the underlying cause last.  **DUE TO (c)  **In DATE OF, OPERA*  *	`	Call ales	ankle	Many Be			arker			
18. CAUSE OF DEATH Enter only one enuspra  In LOSEASE OR CONDITION DIRECTLY LEADING TO DEATH* (e)  *This does not mean the mode of string, such and (e)  *This does not mean the mode of string, such and (e)  *This does not mean the mode of string, such and (e)  *This does not mean the mode of string, such and (e)  *ANTECEDENT CAUSES  **Anothic conditions, if any, giving DUE TO (b)  **Antecedent Causes  **Anothic conditions, if any, giving DUE TO (c)  **In means the disc.  **In means the disc to the obsect course (a) stating the underlying cause last.  **DUE TO (c)  **In DATE OF, OPERA*  *	A.K.	(Yes. no or unknown) (II re	IN U.S. ARMED F m. give was or dates o		D. ON MANT'S SI	GNATURE OR NAME	ADDRESS			
DISCASE OF DEATH   Enter only one course per   Ine for (a), (b), and (c)	, <u>, , , , , , , , , , , , , , , , , , </u>	10	none	MEDICAL (	THE CATION	Mar-Mr. 4-69200	I INTERNAL SETWEEN			
This does not mean the mode of dring, such Activities are heart failure, arthenia, tel. It means the discose, injury, or complication which caused death.  DUE TO (c)  10 DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not cause (n) stating the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not cause (n) death to the discose or condition causing death.  121a. ACCIDENT  TION  21a. ACCIDENT  (Boostly)  21b. PLACE OF INJURY (seq., in or about hold, sea)  Provided to the discose or condition on couring death.  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME  21d. TIME  (Mostly)  21d. TIME  (Mostly)  21d. TIME  (Mostly)  21e. INJURY OCCURRED  WHILE AT  WORK  21f. HOW DID INJURY OCCUR?  WHILE AT  WORK  22f. HOW DID INJURY OCCUR?  22g. SIGNNATURE  22g. DATE SIGNATURE  22g. PUMERAL DIRECTOR'S SIGNATURE  22g. FUMERAL DIRECTOR'S SIGNATURE	<b>H</b>		. DISEASE OR CO	NOTION X	The Attitude of the Attitude o		ONSET AND DEATH			
Morbid conditions, if any, giving DUE TO (b) A conditions at heart failure, eathernia, the disc difference of the above cause (a) stating the state. It means the discase, injury, or compliant to the difference of the above cause (a) stating the state. It means the discase of caused death.  19a. DATE OF, OPERATION  19a. DATE OF, OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Boedly) (Day) (Teat) (Digness in the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decid but not related to the disease or conditions contributing to the decided but not not related to the disease or conditions contributing to the decided but not not related to the disease or conditions contributing to the decided but not not not not not not not not not no	Z		DIRECTLY LEADI	NG TO DEATH (a)	<u>ue ulano</u>	<u> </u>	<del> </del>			
The state of a sheart fallure, estheria, etc. It meens the discrete form of the state of the above cause (e) stating the underlying cause last.  DUE TO (c)  DUE TO (c)  19a. DATE OF, OPERA 19b. MAJOR FINDINGS OF OPERATION  19a. DATE OF, OPERA 19b. MAJOR FINDINGS OF OPERATION  19a. DATE OF, OPERA 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT 19b. MAJOR FINDINGS OF OPERATION  21b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. TIME (Month) (Day) (Tear) (Flour) 19b. MAJOR FINDINGS (MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS	¥	*This does not mean			Z.	•	1			
DUE TO (c)  11 ments the discussion complication of complication to the death but not condition which caused death.  12 DATE OF, OPERA: 19b. MAJOR FINDINGS OF OPERATION  13a. DATE OF, OPERA: 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Repetly) (Repetl	) ¥	the mode of dying, such	Morbid conditions	, if any, giving DUE TO (b)	J		·			
19a. DATE OF, OPERA   19b. MAJOR FINDINGS OF OPERATION   19a. DATE OF, OPERA   19b. MAJOR FINDINGS OF OPERATION   19a. DATE OF, OPERA   19b. MAJOR FINDINGS OF OPERATION   19a. DATE OF, OPERA   19b. MAJOR FINDINGS OF OPERATION   19a. DATE OF, OPERA   19b. MAJOR FINDINGS OF OPERATION   19a. DATE OF, OPERA   19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINDINGS OF	BI	etc. It means the dis-	the underlying cau	oc 1400.		- · · · · · · ·				
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21a. ACCIDENT (Specify)   21b. PLACE OF INJURY (s.g., in or about SUICIDE   hours, it rest, office bidg., steal HOMICEPE (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   WHILE AT WORK   AT WORK   19	[7]	19a. DATE OF OPERA-			and the second second	ن در در سرعه	20. AUTOPSY?			
21a. ACCIDENT (Breedly) SICCIDE HOMICED LIVE (Amounts) DO 21d. TIME (Mounts) (Day) (Tear) (Blour)  21a. IME (Mounts) (Day) (Tear) (Blour)  21b. PLACE OF INJURY (s.e., in or about bounts, farm, factory, street, office bldg., stal bounds, farm, factory, fa	N	TION		1 4		E974X	YES NO K			
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from work   15   19   10   10   10   10   10   10   10		21a. ACCIDENT	Specify) 2	11b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR TOWN					
22. I hereby certify that I attended the deceased from the state of the deceased alies on the last state above.  230. SIGNATURE  230. SIGNATURE  230. SIGNATURE  240. NAME OF CEMETERY OR CREMATORY  240. NAME OF CEMETERY OR CREMATORY  240. NAME OF CEMETERY OR CREMATORY  250. FUNERAL DIRECTOR'S SIGNATURE  250. FUNERAL DIRECTOR'S SIG	N.	HOMICIELLE	cide			a se as s	•			
22. I hereby certify that I attended the deceased from Sun 15, 19 5 to 19, ihat I last saw the deceased alies on 19 19 5 and that death occurred at 21 30 m., from the causes and on the date stated above.  23a. SIGNATURE  23a. SIGNATURE  23a. BURIAL. CREMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24a. BURIAL. CREMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  25. FUNERAL DIRECTOR'S SIGNATURE  26. Canada deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	άs	21d. TIME (Month)	(Day) (Year) (		21f. HOW DID INJURY OCCU	JR7	•			
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24a. BURIAL. CREMA- TIOH. REMOVAL Goods)  DATE REC'D BY LOCAL REG.  REG.  C. Crematory  DATE REC'D BY LOCAL REG.  C. Crematory	Ţ	1 <u> </u>	- 2 <del>艺</del>		Z					
24a. BURIAL. CREMA- TION, REMOVAL (Bookly)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  Add. LOCATION (City, town, or county)  (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Clicensed Embeloper's Statement on Reverse Side)		to Donne	( 18 Gr		No BORCUM	E, MANY	116/55			
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 258-125 FUNERAL DIRECTOR & SIGNATURE 258-15-24-193'S-Palgh Harden par fuell left and Reverse Side)	E	24a. BURIAL, CREMA-	24b. DATE	240. NAME OF CEMETE	RY OR CREMATORY 146. L	OCATION (City, town, or coun	aty) (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 258-125 FUNERAL DIRECTOR & STORAGE S	Ĕ	11 <i>x 2 · //</i>	1-7-6	55 Thurs da	end Cametera	-St. Place C	ovely, mo			
6-24-1955 Ralph Darle per fuell Section (Arollest - Cholada Sa	>	DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATURE 258-V	25: FUNERAL DI RECTOR'	S SI GNATURE	DRESS			
(Licensed Embelsper's Statement on Reverse Side)			Ralphia	andersen well	Julia: (ar	ollers-El C	orads to			
			·	(Licensed Embelsper's	Sistement on Reverse Side)		mo.			

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate v	was embalm	ed b	y me, or by
1 B	Student	Embalmer	Mo.	
vorking under my personal supervision.			• •	
			•	

Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.